| MAILING INSTRUCTION Should be used for transmitting the ISSUE FEE. Blocks through 4 should be complete where appropriate. All further correspondence including the Issue Fe Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the currer correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. |  |   |  |                                       | mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. |   |                           |  |
|---|--|---|--|---------------------------------------|---|---|---------------------------|--|
|   | RRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)   |   |  |                                       |   | hat this issue Fee Transmittal  |                           |  |
|   | 0223961  |   | •  |                                       | the United State  | s Postal Service with sufficien   | t postage for first class |  |
|   | LEE & HAYES PLLC   |   |  | )11                                   |   | mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. |                           |  |
|   |  |   |  |                                       |   |   |                           |  |
|   | 421 W RIVERSIDE AVENUE SUITE 500   |   |  |                                       |   |   |                           |  |
|   | SPOKANE WA   | 99201   |  |                                       |   |   |                           |  |
|   | •  |   |  |                                       | L   |   | (Depositor's name)        |  |
|   | *  |   |  |                                       | ļ   |   | (Signature)               |  |
|   | •  | •   |  | •                                     | · · · · · · · · · · · · · · · · · · ·   |   |                           |  |
| •   |  |   | <u> </u>   |                                       |   |   | (Date)                    |  |
| A   | PPLICATION NO.   | FILING DATE   | TOTAL CLAIMS   |                                       | EXAMINER AND  | GROUP ART UNIT  | DATE MAILED               |  |
|   |  |   | · · · · · · · · · · · · · · · · · · ·                                  |                                       |   | ***************************************   |                           |  |
| ę   | 08/851,877   | 05/06/97  | 042 J  | UNG, D                                |   | 2171  | 09/11/01                  |  |
| 1   |  |   |  |                                       |   |   | ********                  |  |
| First Nam   | ed SHELL,  |   | 35 USC   | 154 (b)                               | term ext  | · - 0 France  | _                         |  |
| Applicant   |  |   | •  |                                       |   |   |                           |  |
| INVENTION   | ISPLAY AREA  | - Zivi iitt EufNi   | omen DUOMS   | …IV ∏HV]                              | NG H LIMI   | TED AVAILABLE   |                           |  |
| AT  | TY'S DOCKET NO.  | CLASS-SUBCLASS  | BATCH NO.  | APPLN. TYPE                           | SMALL ENT   | TTY FEE DUE   | DATE DUE                  |  |
|   |  | 1   |  |                                       |   |   |                           |  |
| 2   | MS1-161US  | 707-526.  | 000 L85  | UTILI                                 | TY NO   | \$1240.00   | 12/11/01                  |  |
|   |  |   |  | ,                                     |   | 712.401.00  | 12711701.                 |  |
| ☐ ¶Fee  | Address* indication (or *Fee   | Address" Indication form F  | TO/SB/47) attached.  | attorneys or a<br>name will be        | es of up to 2 registere<br>agents. If no name is li<br>printed.   | sted, no  |                           |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent inclusion of assignee data is only appropriate when an assignment has been previously submitted the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filing an assignment.  (A) NAME OF ASSIGNEE Microsoft Corporation   |  |   |  |                                       | 4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):  It issue Fee  Advance Order - # of Copies  |   |                           |  |
| (B) RESIDENCE: (CITY & STATE OR COUNTRY) Redmond, Washington  |  |   |  |                                       | DEPOSIT ACCOUNT NUMBER 12-0769  |   |                           |  |
| 6 (b) DESIDENCE: (CIT & STATE OF COOKINT) KEGMORG'S MASHTIREOR  |  |   |  |                                       | DEPOSIT ACCOUNT NUMBER 12-0703<br>(ENCLOSE AN EXTRA COPY OF THIS FORM)  |   |                           |  |
| Please check the appropriate assignee category indicated below (will not be printed on the patent)  |  |   |  |                                       | X Issue Fee   |   |                           |  |
| ☐ Individual  |  |   |  |                                       | Z Advance Order - # of Copies   |   |                           |  |
|   |  |   |  | <u> </u>                              |   |   |                           |  |
| The COMP  | MISSIONER OF PATENTS   | AND TAADEMARKS IS 180   | peeted to apply the Issu   | e Fee to the ap                       | plication identified ab   | ove.  |                           |  |
| (Authorize  | d Signature)   | sale  | (Date)   |                                       | 11/20/2001 187  | OCHA2 00000022 088518   | 77                        |  |
| Kasev C   | . Christie. Re   | 0.# 40.359  | - 11-  | 27-01                                 | II/20/COOT WH   | MELLINE AAAAAACE ABBITO   | 7.7                       |  |
| NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney  |  |   |  |                                       | 01 FC:142   | 12  | 80.00 OP                  |  |
| or agent; or the assignee or other party in interest as shown by the records of the Patent and  Trademark Office.   |  |   |  |                                       | 02 FC:561   |   | 6.00 OP                   |  |
| Burden I<br>depending<br>to complete<br>Office, Wa<br>ADDRES  | Hour Statement: This fom<br>g on the needs of the indiverte this form should be se<br>ashington, D.C. 20231. D<br>S. SEND FEES AND TH<br>Washington D.C. 20231 | ridual case. Any commer<br>int to the Chief Information<br>O NOT SEND FEES OR | nts on the amount of time<br>on Officer, Patent and<br>COMPLETED FORMS | ne required<br>Trademark<br>S TO THIS |   |   |                           |  |
|   | Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.    |   |  |                                       |   |   |                           |  |
| PTOL-85B (I   | REV.10-96) Approved for us   |   | N8MIT THIS FC  | ORM WIT                               |   | d Trademark Office; U.S. DE   | PARTMENT OF COMMER        |  |

-ISSUE FEE TRANSMITTAL

Washington, D.C. 20231

**Assistant Commissioner for Paterits** 

EXPRESS MAIL NO.

**Box ISSUE FEE** 

Bes vailable 886

lable fees, to:

Complete and mail this form, togeth